

GRAYSON COUNTY BOARD OF EDUCATION

P.O. BOX 4009
LEITCHFIELD, KY 42755-4009
(270) 259-4011

APPLICATION FOR CLASSIFIED EMPLOYMENT

The Grayson County Board of Education offers equal opportunity and treatment to employees and qualified applicants without regard to race, color, creed, sex, or national origin. In addition, the Grayson County Board of Education will not discriminate against qualified mentally or physically handicapped employees or applicants.

THIS TYPE OF EMPLOYMENT MAY REQUIRE A CRIMINAL RECORD CHECK

The Grayson County Board of Education is in no way obligated by the filing of this application, and its acceptance does not indicate there are open positions.

PERSONAL INFORMATION

Last Name	First	Middle	Date of Birth
Street Address			Home Phone ()
City, State, Zip			Business Phone ()
Have you ever been employed with us? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes: Dates of employment _____ Position: _____			Social Security No.
Position applying for: _____ Full Time _____ Part Time _____ Substitute _____			When will you be available for work? _____
Are you legally eligible for employment in the United States? Yes _____ No _____			Are you a U.S. Citizen? Yes _____ No _____
Race (optional): <input type="checkbox"/> Caucasian <input type="checkbox"/> African-American <input type="checkbox"/> Hispanic <input type="checkbox"/> Other			Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
Have you ever be arrested? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe in full:			
Have you ever been convicted of or charged with a crime? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe in full:			
State names of relatives and friends working for us other than your spouse.			
Have you served in the military? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe.			
If you served in the military, what type of discharge did you obtain?			

EDUCATION:

SCHOOL	NAME AND LOCATION OF SCHOOL	MAJOR	MINOR	DATES OF ATTENDANCE		DEGREE OR DIPLOMA
				FROM	TO	
Post-graduate						
College						
College						
High						

EMPLOYMENT HISTORY:

(Please give accurate, complete full-time and part-time employment record. Start with present or most recent employer.)

Company Name	Telephone ()
Address	Employed (State month and year) From _____ To _____
Name of Supervisor	
State Job Title and Describe Your Work	Reason for leaving

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Address	Employed (State month and year) From _____ To _____
Name of Supervisor	
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Company Name	Telephone ()
Address	Employed (State month and year) From _____ To _____
Name of Supervisor	
State Job Title and Describe Your Work	Reason for leaving

REFERENCES:

List three (3) references who are qualified to verify your qualifications.

DO NOT USE RELATIVES

NAME	ADDRESS	TELEPHONE
1		
2		
3		

The information provided in this Application for Employment is true, correct and complete. If employed, any misstatement or omission of fact on this application may result in my dismissal.

I understand that acceptance of an offer of employment does not create a contractual obligation upon the employer to continue to employ me in the future.

Applicant signature

Date

FOR EMPLOYER'S USE ONLY**REFERENCE CHECK:**

EMPLOYER	PERSON CONTACTED	RESULTS

INTERVIEW RESULTS:

Interviewer's Name _____

Date of Interview _____ Time _____

Comments:

First day active employment _____ Position _____